

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: Criminal

State of Minnesota,

Plaintiff

Misdemeanor Statement of Rights

vs.

Defendant

I understand:

1. I am charged with committing the offense(s) described in the complaint, citation, or ticket. If I have not received a written complaint describing the charges against me, I may request one.
2. The maximum sentence for a misdemeanor offense is a fine of \$1,000 and applicable surcharges, 90 days in jail, or both.
3. I can be charged with a crime if I fail to appear in Court when I am told or notified of a Court date. The punishment for failure to appear can include a fine, jail, or both.
4. I have the right to be represented by an attorney at all times and an attorney will be appointed without cost to me if I cannot afford to pay for an attorney.
5. I have the following constitutional rights:
 - a. for the case to be continued for me to obtain or speak to an attorney.
 - b. to a trial by the Court, or by a jury of six persons, in which I am presumed innocent until proven guilty by the state beyond a reasonable doubt.
 - c. to remain silent at all times, including at trial. Anything I say may be used against me.
 - d. the right to confront and cross-examine all witnesses.
 - e. the right to subpoena witnesses on my behalf.
6. I (check one):
 - ☐ a. request a court-appointed attorney and have completed a form regarding my income, property, and expenses.
 - ☐ b. request a continuance to obtain or speak to an attorney.
 - ☐ c. do not request a court-appointed attorney and waive (give up) the right to an attorney.
 - ☐ d. have retained my own attorney.

Your attorney: _____

Street Address: _____

City/State/Zip: _____

Telephone: () _____

**If you have checked box 6a or 6b, STOP HERE, DATE AND SIGN
THE BACK OF THIS FORM.**

7. I (check a. or b.):

- ☐ a. wish to plead guilty to the offense charged and give up my right to trial on this charge and my right to be represented by an attorney.
- ☐ b. wish to plead not guilty to the offense charged and [check (1) or (2)]
 - ☐ (1) request a jury trial.
 - ☐ (2) waive (give up) the right to a jury trial.

Dated: _____

Signature

Date of Birth

Your Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: () _____